

Medical Emergency Authorization Form 2019

Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Other Phone # (Pager, Cell, or Emergency Number): _____

Medical Release

In the event of an emergency where medical treatment is required, and reasonable attempts to contact me at the above listed numbers has been unsuccessful, I hereby give my permission and authorization to the youth pastor and/or an approved youth counselor from Springfield First Church of God to obtain the necessary medical treatment for

Participant's Name

Signature of Parent or Legal Guardian

Date

Medical Information

Family Physician: _____ Phone #: _____

Medications: _____

Allergies or Medical concerns: _____

Insurance Company: _____ ID #: _____

Liability Release Form 2019

I/We understand that there are inherent risks involved in any youth trip, and I/we hereby release Springfield First Church of God, its agents, and volunteer youth leaders from any and all liability for any injury, loss, or damage, to person or property that may occur during the course of my/our involvement in youth activities from January 1, 2019 through December 31, 2019.

Participant:

Print Name	Signature	Date of Birth
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Date: _____

Parent/Guardian(s):

Print Name	Signature	Relationship
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Print Name	Signature	Relationship
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Date: _____

Agreement to Transport Home

I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of _____, a minor, and have given our consent for him/her to attend sponsored youth events of the Springfield First Church of God taking place from January 1, 2018 through December 31, 2018.

I/We understand that group leaders(s) may need to send a student home as a result of illness or discipline problems. I/We understand that if the student named above is dismissed from the trip he/she will be transported home at my/our expense. Springfield First Church of God Youth Leaders will attempt to contact the parent/guardian to arrange such transportation if necessary.

Parent/Guardian(s):

Print Name	Signature	Relationship
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Print Name	Signature	Relationship
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Date: _____

Primary Phone Number: _____

Secondary Phone Number: _____ **Tertiary (3rd) Phone Number:** _____